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PTO/SB/05 (4/98)  
 Approved for use through 09/30/2000. OMB 0651-0032  
 Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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|  |  |   |
|--|--|---|
| <b>UTILITY<br/>         PATENT APPLICATION<br/>         TRANSMITTAL</b><br><i>(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b))</i> | Attorney Docket No.                      | P04425US0                                 |
|  | First Inventor or Application Identifier | BOESEN, PETER V., M.D.                    |
|  | Title                                    | WIRELESS PHYSIOLOGICAL PRESSURE SENSOR... |
|  | Express Mail Label No.                   | EL515384711US                             |

|  |  |
|--|--|
| <b>APPLICATION ELEMENTS</b><br><i>See MPEP chapter 600 concerning utility patent application contents.</i> | <b>ADDRESS TO:</b><br>Assistant Commissioner for Patents<br>Box Patent Application<br>Washington, DC 20231 |
|--|--|

- ☒ \* Fee Transmittal Form (e.g., PTO/SB/17)  
*(Submit an original and a duplicate for fee processing)*
- ☒ Specification [Total Pages 21]  
*(preferred arrangement set forth below)*
  - Descriptive title of the Invention
  - Cross References to Related Applications
  - Statement Regarding Fed sponsored R & D
  - Reference to Microfiche Appendix
  - Background of the Invention
  - Brief Summary of the Invention
  - Brief Description of the Drawings (if filed)
  - Detailed Description
  - Claim(s)
  - Abstract of the Disclosure
- ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 7]
- Oath or Declaration [Total Pages 2]
  - ☒ Newly executed (original or copy)
  - ☐ Copy from a prior application (37 C.F.R. § 1.63(d))  
*(for continuation/divisional with Box 16 completed)*
    - ☐ **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting inventor(s) named in the prior application, see 37 C.F.R. §§ 1.63(d)(2) and 1.33(b).

- ☐ Microfiche Computer Program (Appendix)
- Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
  - ☐ Computer Readable Copy
  - ☐ Paper Copy (identical to computer copy)
  - ☐ Statement verifying identity of above copies

| ACCOMPANYING APPLICATION PARTS   |   |
|--|---|
| 7. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))  |   |
| 8. <input type="checkbox"/> 37 C.F.R. § 3.73(b) Statement (when there is an assignee)  | <input checked="" type="checkbox"/> Power of Attorney       |
| 9. <input type="checkbox"/> English Translation Document (if applicable)   |   |
| 10. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449  | <input checked="" type="checkbox"/> Copies of IDS Citations |
| 11. <input type="checkbox"/> Preliminary Amendment   |   |
| 12. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)<br><i>(Should be specifically itemized)</i>                         |   |
| 13. <input checked="" type="checkbox"/> * Small Entity Statement(s) filed in prior application, Status still proper and desired (PTO/SB/09-12) |   |
| 14. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)   |   |
| 15. <input checked="" type="checkbox"/> Other: CERT OF EXPRESS MAILING   |   |

16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No: \_\_\_\_\_

Prior application information: Examiner \_\_\_\_\_ Group / Art Unit: \_\_\_\_\_

**For CONTINUATION or DIVISIONAL APPS only:** The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

| 17. CORRESPONDENCE ADDRESS                                 |   |           |   |          |              |
|--|---|-----------|---|----------|--------------|
| <input type="checkbox"/> Customer Number or Bar Code Label |   |           | or <input checked="" type="checkbox"/> Correspondence address below |          |              |
| (Insert Customer No. or Attach bar code label here)        |   |           |   |          |              |
| Name   | JEFFREY D. HARTY<br>ZARLEY, MCKEE, THOMTE, VOORHEES & SEASE, P.L.C. |           |   |          |              |
| Address  | 801 GRAND AVENUE - SUITE 3200                                       |           |   |          |              |
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| Country  | U.S.A.  | Telephone | 515-288-3667  | Fax      | 515-288-1338 |

|                   |                    |                                   |           |
|-------------------|--------------------|-----------------------------------|-----------|
| Name (Print/Type) | JEFFREY D. HARTY   | Registration No. (Attorney/Agent) | 40,639    |
| Signature         | <i>[Signature]</i> | Date                              | 4/28/2000 |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

# FEE TRANSMITTAL

## for FY 2000

*Patent fees are subject to annual revision.  
Small Entity payments must be supported by a small entity statement,  
otherwise large entity fees must be paid. See Forms PTO/SB/09-12.  
See 37 C.F.R. §§ 1.27 and 1.28.*

**TOTAL AMOUNT OF PAYMENT** (\$) **465.00**

### Complete if Known

|                      |                        |
|----------------------|------------------------|
| Application Number   |                        |
| Filing Date          |                        |
| First Named Inventor | BOESEN, PETER V., M.D. |
| Examiner Name        |                        |
| Group / Art Unit     |                        |
| Attorney Docket No.  | P04425US0              |

### METHOD OF PAYMENT (check one)

1. ☐ The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

☐ Charge Any Additional Fee Required  
Under 37 CFR §§ 1.16 and 1.17

2. ☒ Payment Enclosed:

☒ Check ☐ Money Order ☐ Other

### FEE CALCULATION

#### 1. BASIC FILING FEE

| Large Entity |          | Small Entity |          | Fee Description        | Fee Paid |
|--------------|----------|--------------|----------|------------------------|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |                        |          |
| 101          | 690      | 201          | 345      | Utility filing fee     | 345.00   |
| 106          | 310      | 206          | 155      | Design filing fee      |          |
| 107          | 480      | 207          | 240      | Plant filing fee       |          |
| 108          | 690      | 208          | 345      | Reissue filing fee     |          |
| 114          | 150      | 214          | 75       | Provisional filing fee |          |

**SUBTOTAL (1)** (\$) **345.00**

#### 2. EXTRA CLAIM FEES

| Total Claims       |    | Extra Claims |   | Fee from below |    | Fee Paid |    |
|--------------------|----|--------------|---|----------------|----|----------|----|
|                    | 29 | -20** =      | 9 | X              | 9  | =        | 81 |
| Independent Claims | 4  | -3** =       | 1 | X              | 39 | =        | 39 |
| Multiple Dependent |    |              |   | X              | 0  | =        | 0  |

\*\*or number previously paid, if greater; For Reissues, see below

| Large Entity |          | Small Entity |          | Fee Description  | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 103          | 18       | 203          | 9        | Claims in excess of 20                                     |          |
| 102          | 78       | 202          | 39       | Independent claims in excess of 3                          |          |
| 104          | 260      | 204          | 130      | Multiple dependent claim, if not paid                      |          |
| 109          | 78       | 209          | 39       | ** Reissue independent claims over original patent         |          |
| 110          | 18       | 210          | 9        | ** Reissue claims in excess of 20 and over original patent |          |

**SUBTOTAL (2)** (\$) **120.00**

### FEE CALCULATION (continued)

#### 3. ADDITIONAL FEES

| Large Entity |          | Small Entity |          | Fee Description  | Fee Paid |
|--------------|----------|--------------|----------|--|----------|
| Fee Code     | Fee (\$) | Fee Code     | Fee (\$) |  |          |
| 105          | 130      | 205          | 65       | Surcharge - late filing fee or oath  |          |
| 127          | 50       | 227          | 25       | Surcharge - late provisional filing fee or cover sheet                     |          |
| 139          | 130      | 139          | 130      | Non-English specification  |          |
| 147          | 2,520    | 147          | 2,520    | For filing a request for reexamination                                     |          |
| 112          | 920*     | 112          | 920*     | Requesting publication of SIR prior to Examiner action                     |          |
| 113          | 1,840*   | 113          | 1,840*   | Requesting publication of SIR after Examiner action                        |          |
| 115          | 110      | 215          | 55       | Extension for reply within first month                                     |          |
| 116          | 380      | 216          | 190      | Extension for reply within second month                                    |          |
| 117          | 870      | 217          | 435      | Extension for reply within third month                                     |          |
| 118          | 1,360    | 218          | 680      | Extension for reply within fourth month                                    |          |
| 128          | 1,850    | 228          | 925      | Extension for reply within fifth month                                     |          |
| 119          | 300      | 219          | 150      | Notice of Appeal   |          |
| 120          | 300      | 220          | 150      | Filing a brief in support of an appeal                                     |          |
| 121          | 260      | 221          | 130      | Request for oral hearing   |          |
| 138          | 1,510    | 138          | 1,510    | Petition to institute a public use proceeding                              |          |
| 140          | 110      | 240          | 55       | Petition to revive - unavoidable   |          |
| 141          | 1,210    | 241          | 605      | Petition to revive - unintentional   |          |
| 142          | 1,210    | 242          | 605      | Utility issue fee (or reissue)   |          |
| 143          | 430      | 243          | 215      | Design issue fee   |          |
| 144          | 580      | 244          | 290      | Plant issue fee  |          |
| 122          | 130      | 122          | 130      | Petitions to the Commissioner  |          |
| 123          | 50       | 123          | 50       | Petitions related to provisional applications                              |          |
| 126          | 240      | 126          | 240      | Submission of Information Disclosure Stmt                                  |          |
| 581          | 40       | 581          | 40       | Recording each patent assignment per property (times number of properties) |          |
| 146          | 690      | 246          | 345      | Filing a submission after final rejection (37 CFR § 1.129(a))              |          |
| 149          | 690      | 249          | 345      | For each additional invention to be examined (37 CFR § 1.129(b))           |          |

Other fee (specify) \_\_\_\_\_

Other fee (specify) \_\_\_\_\_

\* Reduced by Basic Filing Fee Paid

**SUBTOTAL (3)** (\$) **0**

### SUBMITTED BY

|                   |                  |                                   |           |           |              |
|-------------------|------------------|-----------------------------------|-----------|-----------|--------------|
| Name (Print/Type) | JEFFREY D. HARTY | Registration No. (Attorney/Agent) | 40,639    | Telephone | 515-288-3667 |
| Signature         |                  | Date                              | 4/28/2000 |           |              |

### WARNING:

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